



DHS Child Care Scholarship Program Provider Application Form

Please complete the information on this form (**keep a copy for your records**), enclose the requested information, and return all applicable pages to:

**Tennessee Department of Human Services
Citizens Plaza Bldg, 12th floor
Attn: Child Care
400 Deaderick St
Nashville, TN 37243**

Provider Name: _____

Address: _____ FEIN: _____

Phone No. (____) _____

City: _____ Zip _____ County: _____

Director/Owner _____

Provider type (check one):

- ☐ **Child Care Center (DHS Licensed)**
- ☐ **Child Care Center (DOE Certified)**
- ☐ **Group Day Care Home**
- ☐ **Family Day Care Home**
- ☐ **Exempt provider (Boys and Girls Club)**

- ☐ **Yes, I would like to participate in the DHS child care scholarship program**
- Enclose information needed to determine child's eligibility (see attachment)
 - If you are **not** already receiving certificate payments, you **must also** enclose:
 - W-9 form (attached);
 - ACH Direct Deposit form (attached);
 - A copy of your rates and fee policies; and
 - Provider Agreement Form (attached)

If you would like to take part in the scholarship program, but do not have any eligible families at this time, please let us know now that you intend to participate. You may send the information listed above when you identify an eligible child.

- ☐ **No, I do not wish to participate in the DHS child care scholarship program**

Important information for providers who DO NOT currently accept certificate children **How to receive payment**

In order to receive payment for scholarship children, you must sign up to complete an Enrollment Attendance Verification (**EAV**) online. This website tells you how to sign up:
<http://www.tennesseeanytime.org/online/eavpay.pdf>

An EAV is like a calendar. For each day that a scholarship child is in your care, you will enter in the number of hours he/she attends. You can view an online demonstration at:
<http://www.tennesseeanytime.org/eavpay/demo/index.html>

Scholarship Child Information Form

If only one parent is in the home, leave other parent blank; if caretaker is not a parent, please indicate (grandmother, aunt, etc.)

If requesting more than one scholarship, make a copy of this page for each child

Child's Name: _____ Address: _____

Male/Female: _____

Birthdate: _____

SSN: _____ Phone #: _____

Mother's Name: _____ Employer: _____

Birthdate: _____ Employer's address: _____

SSN: _____

Hourly Wage or salary: _____ Hours/wk: _____
(please attach 4 recent check stubs or letter from employer verifying hours and wage)

Father's Name: _____ Employer: _____

Birthdate: _____ Employer's address: _____

SSN: _____

Hourly Wage or salary: _____ Hours/wk: _____
(please attach 4 recent check stubs or letter from employer verifying hours and wage)

Other household members: _____

Other household income: _____

Parent/Caretaker's signature: _____



**Child Care Scholarship Program
Department of Human Services (DHS)
Provider Agreement Form**

**This page must be signed if you DO NOT currently accept certificate children.
(If you take certificates from DHS now, we already have the information we need.)**

Name of Provider _____ SSN/FEIN _____

Address _____

Phone # _____ County _____

Director/Owner _____

TO PARTICIPATE IN THIS PROGRAM, THE CHILD CARE PROVIDER AGREES TO THE FOLLOWING:

1. Provider shall be paid based on either the state reimbursement rate or their private-pay rate, whichever is less. Information on state reimbursement rates is available here: http://state.tn.us/humanserv/adfam/ccrates_bonus.pdf
2. Provider shall collect parent or caretaker co-pay fees, as set by the State.
3. Provider shall maintain documentation of daily attendance and hours for each child. This documentation must be made available to the State upon request by DHS staff. If inadequate documentation is discovered as a result of a monitoring visit, DHS may recoup the payments in question.
4. Providers shall immediately report any changes in the child's enrollment status or parent work requirement eligibility to DHS at: CC_Scholarship_Info.DHS@tn.gov.
5. Provider shall comply with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 at each child care site serving children receiving scholarships.
6. Provider shall be paid semi-monthly in accordance with the Enrollment/Attendance Verification process.
7. DHS has the right to terminate this agreement at any time without cause.
8. Unless the Provider is a local government entity, the Provider agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Vendor, its employees, or any person acting for or on its or their behalf relating to this purchase. The Vendor further agrees it shall be liable for the reasonable cost of attorneys for the State in the event such service is necessitated to enforce the terms of this purchase or otherwise enforce the obligations of the Vendor to the State.

Agreement By Child Care Provider Or Duly Authorized Representative:

I, the duly authorized representative or owner of the provider agency, have read and understand all terms of this agreement and agree for the agency, or as owner, to comply with these conditions.

Signature: _____ Date: _____

Print Name and Title: _____